

PMTAT ANNUAL REPORT

October 1, 2002 – September 30, 2003



Program Management Technical Advisors Team

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Program: Integrated Family Planning and Maternal Health Program

Contract No.: 492-0480-C-00-5093-00

Contractor: Management Sciences for Health

Reporting Period: October 1, 2002 – September 30, 2003

SECTION I. SUMMARY OF ACCOMPLISHMENTS

This section on Summary of Accomplishments is divided into three parts: 1) Expanding Service Delivery, 2) Improving Quality, and 3) Technical Exchange.

A. EXPANDING SERVICE DELIVERY

PMTAT and the Department of Health, through its Centers for Health Development, continued to expand enrollment of LGUs in the Matching Grant Program, especially in priority regions from October 2002 to September 2003. The safety and efficacy study on the expanded role of the BHWs on pill dispensing was also conducted and completed, and its findings presented to USAID and other program stakeholders. PMTAT was highly successful in improving access to sterilization services, especially the no-scalpel vasectomy method. Below is a summary of the highlights of the MGP accomplishments:

1. Expansion of the MGP in priority regions

Thirty-eight LGUs from priority regions were enrolled in the MGP during the year. There are now 128 LGUs from the five priority regions of CAR, NCR, 5, 8 and ARMM that are enrolled and are actively participating in the MGP. In non-priority regions, 95 new LGUs were enrolled for the year. As of September 30, 2003, there were 470 LGUs enrolled in the MGP.

2. Conduct and completion of a safety and efficacy study on the expanded role of BHWs in pill dispensing

PMTAT commissioned the University of the Philippines-National Institutes of Health to design and conduct a study to determine the effectiveness of a community-based pill dispensing package versus clinic-based service delivery in terms of accessibility, acceptance, and safety. The study was done in two intervention sites (Lucena City and Marikina City) and two control sites (Pasig City and Sariaya, Quezon). The results showed that health volunteers can effectively and safely dispense pills provided they are selected and trained properly. The PMTAT is pursuing several options for dissemination of the findings of the study to ensure that its results can be translated into appropriate policy action on the part of the DOH and LGUs.

3. Developing, strengthening, and consolidating capacity of LGUs to deliver male sterilization services

Given the demand of clients for permanent methods of contraception, PMTAT worked with the DOH and LGUs to improve access to sterilization services. One approach was to offer No-Scalpel Vasectomy (NSV) as another contraceptive option for couples who do not want to have any more children. PMTAT, in coordination with EngenderHealth, DOH, and other providers, used a multi-pronged approach to tap barangay health workers to recruit prospective clients, use group counseling, and train NSV service providers and trainers. The strategies included strengthening capabilities of and mobilizing BHWs to recruit FP clients (16,775 BHWs trained), training of NSV service providers through peer-trainers in a rural health setting (107 service providers, 18 regional trainers), and the use of group counseling to recruit clients for NSV. These efforts translated to 3,646 NSV clients served in less than two years of implementation. This is a breakthrough for the Philippine family planning program since this is the first time that male involvement in family planning has been successful in a large scale.

4. Urban Poor Family Planning Initiative

As part of the GOP's poverty alleviation program aimed at addressing a broad range of social and economic issues in urban areas, the Urban Poor Family Planning Initiative was designed and implemented. PMTAT, in coordination with the DOH, other Cooperating Agencies (Johns Hopkins University, John Snow Inc., EngenderHealth, and FriendlyCare), selected eight urban poor sites and seven MGP sites in Metro Manila and trained and mobilized 928 volunteers to recruit clients for voluntary sterilization services. From September 2002 to August 2003, a total of 1,326 clients were served: 1,255 women (Bilateral Tubal Ligation) and 71 men (No-Scalpel Vasectomy).

5. Promoting public-private sector collaboration

To help optimize the public sector's limited resources while enhancing the financial viability of the private sector, PMTAT sought to establish working collaborations between selected project sites and two private providers, i.e., the FriendlyCare clinics and the Well-Family Midwife Clinics. As of September 2003, four LGUs, namely, Cainta, Antipolo City, Marikina City, and San Mateo have forged partnerships with FriendlyCare Foundation, Inc. Meanwhile, the municipalities of Carmen and Kapalong in Davao Norte, Lupon in Davao Oriental, and M'lang in North Cotabato have formalized cross-referral arrangements with the relevant NGOs representing the Well-Family Midwife Clinics in their areas.

6. Improving access of indigenous people to family planning and other health services

PMTAT also focused on increasing the indigenous tribes' access to basic health services, particularly family planning. To achieve this, PMTAT collaborated with other donors, e.g., UNICEF and UNFPA, to maximize the potential benefits of consolidating efforts and resources; worked closely with the tribal leaders to facilitate implementation of planned activities; and tapped volunteers from among the tribal groups to help in client identification and motivation. Priority areas for this initiative were Sarangani, Sultan Kudarat, South Cotabato, and North Cotabato. As of September 2003, 688 males from these areas had vasectomy, courtesy of their seven NSV-trained local doctors and project-trained doctors from other LGUs.

B. IMPROVING QUALITY

1. Sentrong Sigla (SS) draft Standards and Criteria for Level 2 developed

a. Level 1

Level 1 standards for SS certification and all tools related to it have been developed by DOH with technical assistance from PMTAT. Regular committee meetings, writeshops and workshops were conducted all year round to ensure these are completed in time for the capability-building activities for technical assistance teams and assessment teams.

b. Level 2

After PMTAT and the DOH developed the “new” Level 1 standards under the “strengthened” SS Certification for the part year, DOH has started holding initial meetings to discuss the Level 2 standards. Program managers and other technical staff have discussed the draft Level 2 standards which PMTAT prepared.

2. Technical Assistance Teams in 16 CHDs organized and trained

PMTAT assisted the DOH-BLHD complete the 4 batches of Training of Trainors for Technical Assistance teams from the different DOH national and regional offices. At present, all 16 CHDs have at least 5 to 6 trained trainers to roll out the TA training in their respective regions and likewise start provision of technical assistance to LGUs.

One batch of TA training was conducted for DOH assistant regional directors and regional SS point persons to update them on the “improved” SS tools and procedures. The regional managers planned for SS- related activities in their respective areas.

3. Assessment Teams in 16 CHDs organized and trained

PMTAT assisted the DOH-BLHD conduct 4 batches of SS assessors’ training from the different DOH regional offices to include the members of the National Assessment Team. At present, at least 4 – 5 technical staff per region had been trained as assessors.

During these 4 batches of training, 3 DOH national staff were trained as trainers to conduct similar courses in the months and years ahead under DOH-BLHD management as part of the institutionalization of the training at the central level.

4. DOH order institutionalizing Sentrong Sigla management and implementation structures reviewed

DOH is in the final stage of signing the AO on the *strengthened* Sentrong Sigla including Plan for Phase 2 Implementation from 2003-2007. This is after an extensive review and revision as a result of the series of training conducted previously. This DOH Administrative Order will ensure an “improved” Sentrong Sigla Certification Program within the DOH.

C. TECHNICAL EXCHANGE

Technical exchange activities were undertaken to disseminate relevant project-related information and allow interaction between and among different stakeholders. Six new articles were featured under the Best Practices Series of *Updates from the Field*. Three major island conferences were conducted to serve as venues for sharing the LGUs' best practices and updating the MGP-participating LGUs on important program and policy developments. The MGP-TAP manual *A Guide to Planning Local Government Health Services: The Matching Grant Program in the Philippines* was produced for dissemination to local and international audiences.

SECTION II. DETAILED REPORT

A. BACKGROUND

The primary objective of the IFPMHP Program (USAID's S.O. 3) is to reduce fertility and improve maternal and child care by increasing public-sector provision of sustainable FP/MCH services targeted at the poor, and by increasing private-sector provision of contraceptives and FP/MCH services. The objective and intermediate results are to be accomplished by increasing contraceptive prevalence, expanding family planning utilization among the poor and high-risk women, immunizing children and women to protect children against neonatal tetanus, supplementing children's diets with vitamin A capsules, and by developing an effective and sustainable fee-for-service family planning program.

The Contractor provides technical assistance to the Department of Health (DOH) and to selected LGUs in developing, managing, and sustaining their FP/MCH programs. As such, the Contractor is responsible for technical support in a number of specialized areas, including data collection, service delivery, and dissemination activities.

The Contractor's major performance objectives for the duration of the Contract are:

1. At least 80 LGUs in low CPR regions participating in the MGP, bringing a total of not less than 300 LGUs participating in the MGP;
2. Pilot test on expanded role of VHWs in family planning service delivery conducted and results disseminated to DOH;
3. System for resource mobilization for MGP developed, in place and functional in all regions;
4. Sixteen CHDs have demonstrated capacity to conduct program implementation reviews and technical exchange activities at the local level;
5. Sentrong Sigla standards/criteria finalized;
6. Assessment teams in 16 CHDs organized and trained on new Sentrong Sigla standards and criteria;
7. DOH order institutionalizing Sentrong Sigla management and implementation structures issued;
8. At least 80 percent of all LGUs participating in the MGP have at least one rural health unit (RHU) or main health center (MHC) certified as Sentrong Sigla;
9. At least half of the MGP LGUs with Sentrong Sigla certified RHU or MHC have at least one barangay health station certified as Sentrong Sigla.

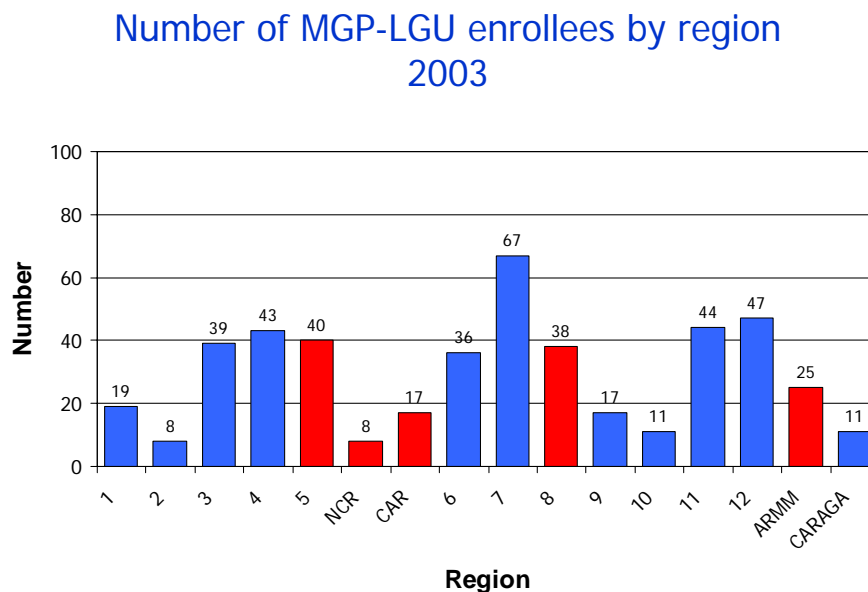
B. PROJECT MANAGEMENT

During the reporting period, PMTAT recruited and deployed four full-time staff to manage the provision of technical assistance to MGP LGUs in the four priority regions, namely, Bicol, Eastern Visayas, CAR, and ARMM. Another field coordinator was also assigned to the National Capital Region. These additional staff greatly enhanced the project's presence and technical leadership in these priority sites.

C. SERVICE DELIVERY EXPANSION

Performance Objective 1: At least 80 LGUs in low CPR regions participating in the MGP, bringing a total of not less than 300 LGUs participating in the MGP

A total of 38 new LGUs from low CPR regions were enrolled in the MGP this year. There are now 128 LGUs from the five priority regions of CAR (17 LGUs), NCR (8 LGUs), V (40 LGUs), VIII (38 LGUs), and ARMM (25 LGUs) that are enrolled and actively participating in the MGP (shown as red bars in the figure below).



There were 95 new MGP enrollees from non-priority regions during the year (shown as blue bars in the figure). Overall, there are now 470 LGUs enrolled in the MGP nationwide (Appendix A).

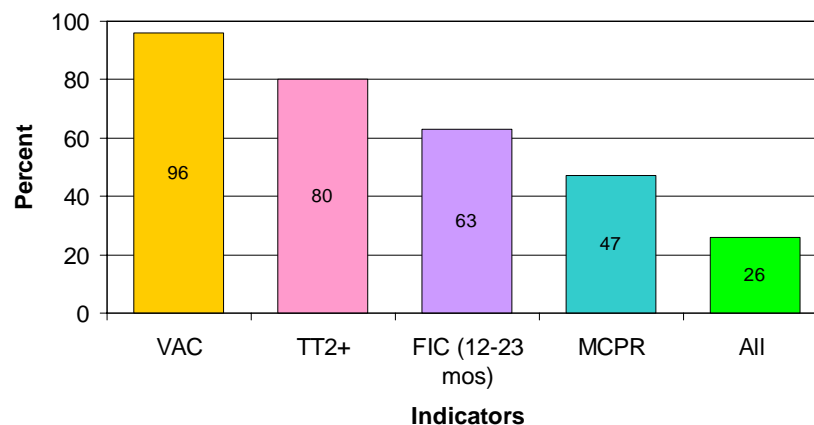
MGP-Technical Assistance Package (MGP-TAP) training courses for the newly-enrolled LGUs were organized and conducted by their respective CHDs. Some CHDs (Regions IV, V, X) trained non-MGP LGUs to help them set up their own Community-Based Monitoring and Information System (CBMIS) using the MGP-TAP. This came about as LGUs found the CBMIS useful in systematically identifying clients with unmet needs and quickly addressing them.

Based on the CBMIS reports submitted by 381 LGUs (81 % of total), almost all (97%) of the

LGUs reached the target for Vitamin A supplementation among children aged 12-59 months old, 80% for TT2+ for pregnant women, 63% for fully immunized children 12 – 23 months old, and 48% for modern CPR.

However, as these LGUs are at different stages of implementation, this “summary” indicator needs to be interpreted with care as this is a product of the interplay of various factors working at the LGU level. These factors include availability of supplies and how LGUs respond to lack of it, LGU support including its counterparting and ease/complexity of financial transactions related to the MGP funds, ease/difficulty of adoption of new strategies by implementing LGU, etc.

Proportion of MGP-LGUs reaching DOH benchmarks
Sept 2003 (n=381)*



*Computed based on the no. of LGUs which submitted their reports as of Sept 2003

Performance Objective 2: Pilot test on expanded role of BHWs in family planning service delivery conducted and results to be disseminated to DOH

Accessibility and safety of oral contraceptive pills are two important issues affecting the effective delivery of family planning services to women in developing countries. Women often find it difficult to get access to pills because of geographic, economic, and administrative reasons. Providing good access includes ensuring regular supplies, making pills affordable, and dispensing it in a more convenient way. This study aimed to determine the effectiveness of a community-based pill dispensing package vis-à-vis clinic-based service delivery in terms of accessibility, acceptance, and safety. The community-based pill dispensing package was given in the intervention sites in Marikina City and Lucena City; the clinic-based service delivery was used in the control sites in Pasig City and Sariaya. A baseline community survey and FGDs were done to assess community approaches, beliefs, and practices related to pill use. This was followed by a quasi-experiment to test the sensitivity-specificity of the screening checklist and to test the significant differences between the intervention and control sites in terms of accessibility,

acceptance, and safety. An end-line pill user survey accessed clients' cognitions and attitudes regarding pill use and pill dispensing methods.

The results show that accessibility of pills was easier in the community-based intervention sites compared to the clinic-based approach. In terms of safety, there was no significant difference in the experiences of side effects among clients in both groups. While there was a high level of client satisfaction in both groups, discontinuation of pill use was significantly higher among clients in the community-based intervention sites indicating better follow-ups and counseling of clients by service providers in the intervention sites. The 12-item checklist was specific (0.997) but not too sensitive (0.60). Recommendations to improve the use of community-based approach included: the selection of experienced and adequately-trained BHWs as initial dispensers; continuous updating of knowledge and skills of pill dispensers in place to improve grassroots competence and efficiency; and access to medical tools like sphygmomanometer to adequately screen and monitor clinical cases. PMTAT is currently holding discussions with the DOH to present the results of this study in a DOH policy forum.

Performance Objective 3: System for resource mobilization for MGP developed, in place and functional in all regions

A system is in place in all CHDs to develop a work and financial MGP plan. This plan is forwarded to the DOH-Central office for approval and allocation of funds. The MGP fund is now a line item under The Local Health Assistance Division budget of the CHDs. A total of Php 66,876,761 was allocated for MGP in 2003. Of this, Php 37,290,835 (56%) has been released by the regions.

Other MGP-Related Accomplishments

1. Developing, strengthening and consolidating capacity of LGUs to deliver male sterilization services

a. Mobilizing and Training BHWs to strengthen FP service delivery

Based on the past successes of community-based programs where involvement of an organized network of volunteers is at its core, PMTAT invested in training BHWs on FP, initially in priority regions and later in non-priority regions. This was to enable the BHWs to give initial information on FP, with subsequent referral to the rural health midwife for counseling of prospective clients. A total of 16,775 BHWs were trained on Competency-Based Training for FP (CBT-FP) all over the country. These BHWs are now actively recruiting potential FP clients and the effect is reflected in the increase in demand for and utilization of sterilization services in MGP-LGUs. Of the total MGP LGUs, 156 are now able to generate clients for NSV.



b. Developing local capacity for No-Scalpel Vasectomy : LGU-to LGU approach

PMTAT facilitated NSV “peer training” by bringing competent LGU NSV service providers to other MGP areas to train interested local physicians. Interested physicians are first made to read two manuals on NSV (NSV-An Illustrated Guide for Surgeons; NSV Curriculum-A Training Course for Vasectomy Providers and Assistants Participant’s Handbook). Training is then done on-site, where the peer trainer demonstrates the procedure first, with the trainee as assistant/observer. The trainee is then allowed to do the procedure with the peer trainer assisting him. This is repeated during subsequent NSV service delivery rounds until the local physician has gained confidence to do the procedure with his team. Although not a requirement for NSV service provision, PMTAT also encouraged LGU NSV providers to seek certification from EngenderHealth to assure provision of quality NSV service. A total of 107 local providers have been trained to provide NSV service as of September 30, 2003.



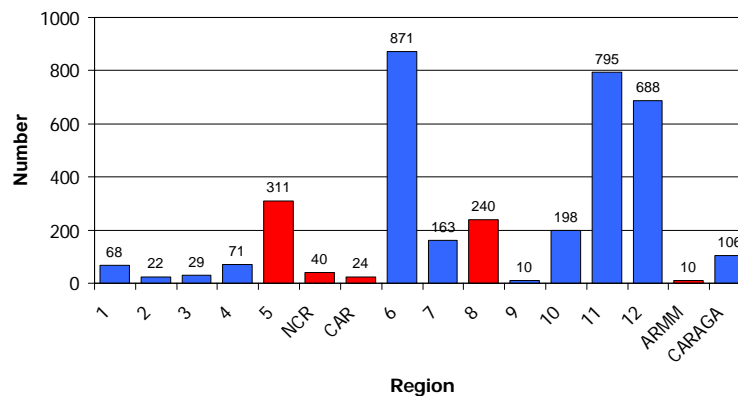
c. Consolidating NSV service provision : NSV regional trainers

PMTAT, in coordination with EngenderHealth, completed the first draft for a training curriculum and assessment tools for No-Scalpel Vasectomy Training in a Rural Health Setting. This module, together with two NSV manuals from EngenderHealth, were used during the series of NSV Training of Trainers courses held from July to September 2003 in South Cotabato (T'boli), Negros Occidental (Cadiz City), and Iloilo (San Joaquin). Certificates of course completion were given. A total of 18 regional trainers were identified from regions 1, 4, 5, 6, 7, 8, 10, 11, 12 and CARAGA. These trainers were “introduced” to their respective regional offices through the regional director and family planning coordinator to make their services available to other LGUs interested to set up NSV services in their areas.



NSV instruments are now available through an exclusive local distributor. At least 124 NSV instruments are in the RHUs throughout the country. A total of 3,646 NSV procedures have been done as of September 30, 2003. The NSV distribution by region is shown below (red bars represent priority regions, blue bars represent non-priority regions). See also Appendix B.

No-Scalpel Vasectomy procedures by Region
MGP, 2002 - 2003



2. Improving access to FP services in poor and disadvantaged communities in urban areas

In eight selected urban poor areas under the Urban Poor Family Planning Initiative of the DOH and in seven MGP enrollees in Metro Manila, the project successfully trained 928 health volunteers to recruit and motivate FP clients. This technical assistance provided by MSH was designed to assist the LGUs and DOH in developing approaches to improve access to family planning services, especially among the disadvantaged communities in Metro Manila. So far, this effort has generated 1,326 clients that have availed of both male (71) and female sterilization (1,255) services in these areas (Appendix C).

3. Promoting public-private sector collaboration

During the year, PMTAT worked for the establishment of cross-referral arrangements between the MGP-participating LGUs and the FriendlyCare Clinics of Friendly Care Foundation, Inc. as well as with the Well-Family Midwife Clinics under John Snow International's TANGO II Project. This initiative was intended to decongest public health facilities, particularly Rural Health Units, of paying clients, thus, enabling them to concentrate on their poor and disadvantaged constituents. This, in turn, will help improve the partner clinics' income and ensure their long-term viability.

The Municipalities of Cainta and San Mateo and the Cities of Antipolo and Marikina already have signed MOAs with FriendlyCare Foundation and have started referring clients. It is also worth noting that as an offshoot of the initiative, other LGUs in Rizal, i.e. Tanay and Binangonan, have also started referring clients to FriendlyCare, even without any formal agreement. As of September 2003, total referrals from the six LGUs for no-scalpel vasectomy and bilateral tubal ligation reached 78 and 325, respectively.



Signing ceremonies for the Municipality of Cainta



JSI representatives discussing terms of collaboration with Municipal Health Officer

Meanwhile, the municipalities of Carmen and Kapalong in Davao Norte, Lupon in Davao Oriental, and M'lang in North Cotabato have formalized their partnership with the Well-Family Midwife Clinics in their respective areas. In the pipeline are Makilala and Kidapawan City in

North Cotabato. Initial discussions have been held with the Municipal Health Officers of Asuncion in Davao Norte, and Mati and Banaybanay in Davao Oriental.

It was noted that the referral system was quite successful in areas where the BHWs were given proper orientation, e.g. Carmen in Davao Norte and Cainta in Rizal. Any initiative of this nature should, therefore, ensure that all key stakeholders and actors are properly and adequately informed to ensure smooth and effective implementation.

4. Improving access of indigenous people to family planning and other health services

Tribal families tend to be large because indigenous people marry at a very young age. Being usually located in the hinterlands, these people have little or no access to basic services. Existing cultural beliefs and practices also adversely affect this group's access to and utilization of health and related services. Considering that indigenous people still comprise a major portion of the population in certain areas, PMTAT gave priority attention to this group in the implementation of MGP-related interventions. Starting out in two municipalities (Alabel and Malapatan) in Sarangani, PMTAT expanded to three more provinces, namely, Sultan Kudarat, South Cotabato, and North Cotabato.

Activities in these areas consisted mainly of: a) establishing partnerships with relevant donors and organizations for the integrated delivery of appropriate services; b) coordinating with tribal leaders to facilitate MGP implementation in these areas; c) identification and selection of priority barangays; d) training of volunteers on family planning; e) training of local doctors on no-scalpel vasectomy; and f) actual service delivery.



The table below shows the accomplishments in the four priority provinces under this initiative:

LGU	No. of Trained Volunteers	No. of NSV-Trained Doctors	No. of NSV Acceptors
Sarangani	389	1	117
South Cotabato	258	3	511
Sultan Kudarat	80	2	14
North Cotabato	133	1	46

In April 2003, the Municipality of Malapatan in Sarangani initiated its integrated delivery of health services. The activity focused on Vitamin A supplementation and family planning. During

the event, nine (9) men obtained vasectomies, and 32 children were given Vitamin A supplementation. Meanwhile, Alabel's integrated service delivery held in May 2003 recorded the following accomplishments: immunization of 82 children, Vitamin A supplementation for 70 children, provision of pre-natal services to 39 pregnant women, and vasectomy of 13 males.



T'boli men undergoing pre-surgery counseling



B'laan women availing of pre-natal services

D. SUSTAINABILITY

Performance Objective 4: Sixteen CHDs have demonstrated capacity to conduct program implementation reviews and technical exchange activities at the local level

In line with strengthening the capacity of the Centers for Health Development to manage the MGP, PMTAT worked towards building their capability to organize and conduct regional program implementation reviews. These program reviews are being conducted to supplement the regular monitoring visits. Careful design and management of these program reviews are crucial since these are the perfect venues for ventilating and discussing program implementation issues, providing technical assistance to LGUs, and identifying and sharing best practices and lessons learned.

All CHDs have conducted at least one regional-level Program Implementation Review (PIR) for the Matching Grant Program during the period October 2002-September 2003. Aside from providing the venue to assess the status of MGP implementation in the project sites, the PIRs also allowed the participating LGUs to share their best practices in the areas of family planning, maternal/child health, and nutrition. These program reviews were organized, conducted, and funded by the CHDs utilizing their program management funds.

Originally designed as a three-day activity, most regions have made their PIRs into either a one or two-day activity due to budget constraints. As a result, the CHDs have increasingly encouraged the provinces to organize program reviews for their MGP LGUs at their level. Provinces such as North Cotabato, Sultan Kudarat, Davao Norte, Davao Oriental, Davao Sur, Compostela Valley, Negros Occidental, Negros Oriental, Catanduanes, and Pangasinan organized PIRs for their MGP-participating municipalities/cities, with technical assistance from their respective CHDs. Meanwhile, it is worth noting that in Region VIII, district-level PIRs were organized and sponsored by the concerned MGP-participating LGUs, with the CHD staff facilitating said PIRs. A total of 32 district-level program reviews were conducted during the period October 2002 -September 2003 in the region.

PMTAT likewise facilitated interregional technical exchange among the CHDs, particularly for Community-Based Monitoring and Information System (CBMIS) training. The CHDs, on the other hand, have been instrumental in facilitating technical exchange among their LGUs, particularly in promoting the LGU-LGU training approach where trainers from one or more LGUs are tapped to provide training on CBMIS and/or no-scalpel vasectomy (NSV) for another LGU. Moreover, the CHDs assisted their LGUs in documenting their best practices for presentation in the MGP technical conferences, using the guide for documenting best practices that was developed and disseminated by PMTAT to all CHDs and LGUs.

E. QUALITY IMPROVEMENT

Performance Objective 5: Sentrong Sigla standards/criteria finalized

The improved framework of *Sentrong Sigla (SS)* invokes three certification levels: *Basic Certification*, *Specialty Certification*, and *Certification of Excellence*. In the past year, PMTAT has assisted the DOH finalize the “new” *Level 1 standards* for SS Phase II Implementation. These standards are limited to rural health units (RHUs) with the barangay health stations (BHS) standards to be incorporated in RHU’s Levels 2 and 3 “facility systems” category.

PMTAT likewise assisted the DOH in developing a *Supervisory Form/Checklist* for use of RHU supervisors/staff, *Facility Certification Form* for SS Assessors and *Level 1 Technical Assistance Package* for Technical Assistance Teams of DOH regional offices.

The DOH was also assisted in coming up with a document describing the development principles and procedures for Level 2 standards.

Performance Objective 6. Assessment Teams in 16 CHDs organized and trained on new Sentrong Sigla (SS) standards and criteria.

There are two SS teams at the regional level: *TA and monitoring team/s* in charge of technical assistance to Local Government Unit (LGU) health facilities and the *assessment team/s* in charge of doing formal certification of health facilities. The DOH national and regional levels, with assistance from PMTAT, have reorganized their respective assessment teams and technical assistance/monitoring teams.

The training of trainers (TOT) for TA teams was conducted ahead of the training for assessment teams. TA teams need to assist LGUs prior to SS formal assessment. PMTAT assisted the DOH-BLHD conduct 4 training batches, with 30 participants per batch coming from the different DOH regional offices. To date, all 16 CHDs have at least 5 to 6 trained trainers and at least 8 have started their roll-out training in their regions.



TA Training

A fifth (and special) batch of TA training was conducted for DOH assistant regional directors and regional SS point persons to update them on the “improved” SS tools and procedures and for these regional managers to plan for SS-related activities that include training, advocacy, LGU technical assistance, facility assessment, and awarding. This positioned SS certification in the forefront of regional priority activities.

In addition, during the last quarter, the PMTAT, together with the DOH, conducted 4 of 7 batches of SS Assessors training. All regions have at least 4 assessors to date. During the training for assessors, three national and one LGU technical staff have been identified and trained as trainers for DOH BLHD.



Assessors Training

Performance Objective 7. DOH order institutionalizing Sentrong Sigla management and implementation structures issued

The DOH has already issued Administrative Order 17-B s. 2003: *Philippine Quality in Health Program 2003-2007* which broadened the effort to improve quality of health services in the country by mobilizing main instruments to influence specific priority groups of health providers. One of the main components/strategies in this quality improvement framework includes Sentrong Sigla certification for primary care units. This “mother” AO set the stage for the issuance of another AO for the institutionalization of SS.

To date, because of substantial feedback from the regional participants in the TOT and Assessors training series, the DOH BLHD and PMTAT further improved the draft AO on the *strengthened* Sentrong Sigla, including Plan for Phase 2 Implementation from 2003-2007. This is expected to be signed into an Administrative issuance in October 2003. This DOH Administrative Order will ensure the institutionalization of the “improved” Sentrong Sigla.

Performance Objective 8. At least 80% of all LGUs participating in the MGP have at least one rural health unit (RHU) or health center (HC) certified as Sentrong Sigla

The contract deliverable for the project is that at least 300 LGUs are enrolled in the MGP and based on this minimum number of LGUs, 80% should have an SS-certified RHU. As of September 30, 2003, there are 280 MGP LGUs with at least one SS-certified RHU (93% of 300 minimum LGUs required).

Performance Objective 9. At least half of all LGUs with Sentrong Sigla RHU or HC have at least one BHS certified as Sentrong Sigla

Using the 280 MGP LGUs with at least one SS-certified RHU as the denominator for this deliverable, only 57 (20.4%) of 280 have SS-certified BHS. It should be noted that the increase in number of certified BHSs (and the same situation is true for RHUs) has been adversely affected since assessment activities have been on a very limited scale in the last 2 years while the modifications and improvements on the SS framework/certification standards were being made.

Next Quarter

- 3 batches of Training of DOH Assessment Teams (Assessors at regional and national levels)
- SS Program Implementation Review and Planning for 2004 Workshop
- Regional Monitoring of TA Training Roll out
- Completing draft of Level 2 Standards

F. TECHNICAL EXCHANGE

1. Documentation of best practices

The following articles were produced for the Best Practices series of Updates from the Field:

- Increasing Male Involvement in Family Planning through No-Scalpel Vasectomy
- Establishing Referral Arrangements Between Local Government Units and Well-Family Midwife Clinics
- Initiating a Social Health Insurance Program in the Municipality of Bindoy
- Collaborating to Increase Access of Indigenous People to Health Services
- Promoting the Use of Intrauterine Device (IUD) as an Option for Long-Term Contraception in Selected MGP Sites
- Promoting Public-Private Sector Collaboration in MGP Sites



2. Conduct of technical conferences

PMTAT organized three major island technical conferences for the MGP-participating LGUs: Mindanao (October 29-30, 2002), Visayas (November 26-27, 2002), and Luzon (March 3-4, 2003). Said conferences were organized to enable the LGUs to learn from each other's experiences in implementing the various initiatives under the MGP as well as inform the participants regarding the latest developments affecting the priority programs being supported by the MGP. Participating in these conferences were Provincial Health Officers, Local Chief Executives, Municipal/City Health Officers, and representatives from the DOH Centers for Health Development, selected government/donor agencies, and cooperating agencies.



3. Publication and distribution of the manual *A Guide to Planning Government Health Services: The Matching Grant Program in the Philippines*.

4. Maintenance/regular updating of the project website

The project website was regularly updated to include the latest issues of *Updates from the Field* and other relevant project-related information. To enable the Centers for Health Development to electronically access project information, PMTAT also procured and distributed desktop computers and peripherals, and provided technical assistance in setting up the CHDs' internet connections.

F. IMPLEMENTATION ISSUES AND ACTIONS TAKEN OR RECOMMENDED

1. Expanding Service Delivery (MGP)

In June 2003, EngenderHealth, through its Regional Director for Asia/Near East, wrote to USAID citing possible violation of the Tiahrt Amendment by some LGUs participating in the MGP, particularly those providing NSV services. PMTAT conducted a quick survey of 120 NSV-providing MGP-LGUs and found that while 14 of them were providing food assistance, said assistance was in accordance with LGUs' welfare policies and procedure.

The USAID Mission conducted its own investigation and found **no violation or vulnerability** in the implementation of the NSV program in the LGUs participating in the MGP. Such finding was sustained by the Regional Legal Advisor. This was officially communicated to the PMTAT through a letter from the OPHN last August 2003.

2. Improving Quality

The developmental work for SS has been completed for Level 1 including all tools and instruments necessary to implement Level 1 certification. It took longer since numerous consultations were held and refinements were necessary. In order to complete the work for the SS Certification Program, DOH needs assistance from PMTAT in drafting standards for Level 2, based on recommendations from Level 1 series of consultations and in finalizing the DOH Administrative Order (AO) on SS. The latter should be signed within the year since this is the most important supporting document for the program. PMTAT needs to assist the DOH at least for the next 3 months to complete these tasks.

SECTION III - TECHNICAL ASSISTANCE

Name of Consultant	Date of Visit	Tasks Completed
Eireen Villa	August 2002 - September 2003	<ul style="list-style-type: none"> Assisted the DOH and PMTAT in conducting Training of Trainers for Technical Assistance Teams (5 batches)
Elvira Dayrit	October 2002 – March 2003	<ul style="list-style-type: none"> Assisted the DOH and PMTAT in drafting Administrative Order re Sentrong Sigla Assisted the DOH and PMTAT in designing CHD orientation sessions Assisted the DOH and the PMTAT in developing SS tools, instruments, and presentation materials Participated in SS workshops
Scott Mckeown	May 4 – 27, 2003	<ul style="list-style-type: none"> Assisted the DOH and PMTAT in developing the first draft for Level 2 standards with a description of principles and processes involved in development Assisted the DOH and PMTAT in reviewing the final training design for training of TA Teams
Douglas Huber	June 16 – 18, 2003	<ul style="list-style-type: none"> Reviewed Tiaht compliance of no-scalpel vasectomy (NSV) services and clinical quality of training of NSV Updated MSH/ Philippines staff on Tiaht provisions Recommended future actions to enhance access and quality of NSV services in MSH-supported program in the Philippines

Appendix A. Matching Grant Program Enrollees as of Sept 30, 2003 (N = 470 LGUs)

Region	Province	LGU	SS Certified Facilities	Enrollment in the Indigent Program of PhilHealth (as of Sept 30, 2003)	
				w/ MOA	# of Enrolled Households
1	Ilocos Norte	Laoag City	/	/	908
		Bangui	/	/	1,314
		Burgos		/	1,673
		Marcos	/	/	1,265
		Currimao	/	/	708
		Banna	/	/	1,329
		Piddig	/	/	2,089
		Paoay	/	/	2,048
		Badoc	/	/	909
		Sarrat	/	/	1,356
	Pangasinan	Asingan	/	/	750
		Mangaldan	/	/	1,000
		Laoac	/	/	440
		Urdaneta	/	/	500
		Binalonan	/		
	La Union	San Fernando	/	/	2,213
		Tubao	/	/	1,269
	Ilocos Sur	Narvacan	/		
		Sta. Maria	/	/	1,049
2	Isabela	Ilagan	/	/	1,208
		Cauayan	/	/	285
		Cabagan			
	Quirino	Nagtipunan	/	/	514
	Cagayan	Tuguegarao	/	/	1,975
		Baggao	/		
		Aparri	/		
		Tuao	/	/	3210
CAR	Mountain Province	Sabangan	/	/	822
		Tadian	/	/	1,550
		Bauko	/	/	2,921
		Sagada	/	/	1,062
		Besao		/	772
		Paracelis	/	/	1,464
		Bontoc		/	1,725
	Benguet	Baguio City	/	/	1,751

Region	Province	LGU	SS Certified Facilities	Enrollment in the Indigent Program of PhilHealth (as of Sept 30, 2003)	
				w/ MOA	# of Enrolled Households
		Kibungan	/	/	240
		Kapangan	/	/	219
		Sablan	/	/	101
		Bokod	/	/	97
		Kabayan	/	/	163
		Bakun	/	/	172
		Mankayan	/		
	Abra	San Quintin		/	439
		Pidigan	/	/	527
	Aurora	Casiguran	/	/	271
		Dilasag			141
		Dinalungan	/	/	74
		Dipaculao	/	/	649
	Bataan	Hermosa			38
		Orani	/	/	96
		Samal	/	/	59
	Bulacan	San Miguel	/	/	478
		Angat	/	/	1,007
		Baliuag	/	/	448
		Bustos	/	/	2,880
		Dona Remedios Trinidad	/	/	418
		San Rafael	/	/	352
		Bocaue	/	/	313
		Pandi	/	/	1,614
		Marilao	/	/	297
		Meycauayan	/	/	701
		Norzagaray	/	/	221
		Sta. Maria	/	/	801
	Pampanga	Bacolor		/	466
		Minalin		/	1,389
		San Fernando		/	1,754
		Sto. Tomas		/	1,142
	Tarlac	Camiling	/	/	100
		Mayantoc	/	/	887
		San Clemente		/	230
		Sta. Ignacia	/	/	1,963
	Zambales	Masinloc	/	/	1,662

Region	Province	LGU	SS Certified Facilities	Enrollment in the Indigent Program of PhilHealth (as of Sept 30, 2003)	
				w/ MOA	# of Enrolled Households
		Candelaria	/	/	693
		Sta. Cruz		/	1,045
	Nueva Ecija	Cabanatuan	/	/	499
		General Tiño			
		Penaranda	/	/	867
		San Leonardo		/	2,923
		Gapan	/	/	701
		Cuyapo	/		
		Guimba	/		
		Nampicuan	/	/	710
		Talugtog	/	/	405
4	Cavite	Dasmariñas	/	/	1,995
		Imus	/	/	2,470
		Tanza	/	/	2,103
		Magallanes	/	/	2,425
		Naic	/	/	1,618
		Maragondon	/	/	1,322
		Ternate	/	/	1,942
	Rizal	Taytay	/		1,605
		Cainta	/	/	1,553
		Antipolo	/	/	1,588
		Binangonan	/	/	49
		San Mateo	/		
		Tanay	/	/	708
	Batangas	Batangas City	/	/	5,700
		Alitagtag	/	/	2,941
		Cuenca	/	/	1,301
		Sta. Teresita	/	/	1,354
		Lipa City	/	/	3,118
		Tanauan	/	/	5,221
		Taal	/	/	1,785
	Quezon	Sariaya	/	/	473
		Candelaria	/	/	12
	Laguna	San Pablo City	/	/	1,438
		Binan	/	/	598
		Sta. Rosa	/	/	5,764
		Pila	/	/	608
		Victoria		/	1,143

Region	Province	LGU	SS Certified Facilities	Enrollment in the Indigent Program of PhilHealth (as of Sept 30, 2003)	
				w/ MOA	# of Enrolled Households
	Oriental Mindoro	Sta Cruz		/	466
		Calapan City	/	/	13,051
		Socorro	/	/	347
		Pinamalayan	/	/	370
	Occidental Mindoro	San Jose	/		
	Marinduque	Sta. Cruz	/	/	329
		Torrijos	/	/	935
	Romblon	Calatrava	/	/	235
		Odiongan	/	/	892
		San Agustin	/	/	500
		San Andres	/	/	196
	Palawan	Narra	/		848
		Aborlan	/		232
		Coron	/		353
		Linapacan	/		10
		Culion			428
NCR		Navotas	/		
		Taguig	/		
		Pateros	/		
		Malabon	/		
		Marikina	/		
		Muntinlupa	/		
		Pasig	/		
		Valenzuela	/		
	Albay	Daraga	/	/	2,060
		Tabaco	/	/	5,610
		Tiwi		/	672
		Malinao	/	/	1,719
		Malilipot	/	/	2,365
		Bacacay	/	/	430
		Sto. Domingo	/		
		Jovellar		/	1,050
		Polangui	/	/	335
		Oas	/	/	1,869
		Libon		/	84
		Ligao	/	/	4,333
		Guinobatan		/	

Region	Province	LGU	SS Certified Facilities	Enrollment in the Indigent Program of PhilHealth (as of Sept 30, 2003)	
				w/ MOA	# of Enrolled Households
	Camarines Sur	Naga City	/	/	
		Buhi	/		
		Libmanan	/		
		Iriga City	/		
	Catanduanes	Bagamanoc	/	/	493
		Baras	/	/	1,154
		Bato	/	/	837
		Caramoran		/	2,336
		Gigmoto	/	/	413
		Pandan		/	888
		Panganiban	/	/	519
		San Andres	/	/	801
		San Miguel	/	/	305
		Viga		/	1,008
		Virac	/	/	1,745
	Sorsogon	Donsol	/	/	1,817
		Pilar	/	/	100
		Casiguran	/	/	493
		Juban	/		
		Magallanes	/	/	1,367
	Camarines Norte	Capalonga	/	/	729
		Sta. Elena	/	/	259
		Panganiban		/	358
		Paracale	/	/	625
		Labo	/	/	559
6	Negros Occidental	Bago City		/	2,535
		Silay City	/	/	1,682
		Kabangkalan	/	/	6,333
		Sagay City	/	/	6,372
		San Carlos	/	/	1,229
		Calatrava	/	/	608
		Escalante		/	
		Cadiz	/	/	1,349
		Talisay	/	/	5,697
		Valladolid		/	483
		Isabela		/	432
		La Carlota	/	/	
		Moises Padilla		/	489

Region	Province	LGU	SS Certified Facilities	Enrollment in the Indigent Program of PhilHealth (as of Sept 30, 2003)	
				w/ MOA	# of Enrolled Households
		Ilog	/	/	4,148
		Candoni	/	/	1,621
		Hinobaan	/	/	737
		EB Magallona		/	
		Murcia	/	/	360
		San Enrique		/	900
	Capiz	Roxas City	/	/	1,538
	Iloilo	Jamindan		/	651
		Cuartero		/	527
		Dumarao		/	707
		Anilao	/	/	371
		Barotac Viejo		/	638
		Iloilo City	/	/	5,468
		Leganes		/	1,125
		San Enrique	/	/	677
		San Rafael		/	
		San Joaquin		/	1,576
		Zarraga		/	1,831
		Pavia	/	/	2,029
	Aklan	Buruanga	/	/	353
	Antique	Culasi	/	/	944
		Valderamma		/	999
7	Cebu	Belison		/	635
		Minglanilla	/		
		Bogo	/		
		Oslob	/	/	1,010
		Ronda			
		Medellin	/		
		Pilar			
		Sibonga	/		
		Pinamungahan	/	/	1,000
		Tabuelan	/		
		Tuburan	/		
		Argao	/		
		Dalaguete		/	1339
		Alcoy	/	/	937
		Sogod	/	/	254

Region	Province	LGU	SS Certified Facilities	Enrollment in the Indigent Program of PhilHealth (as of Sept 30, 2003)	
				w/ MOA	# of Enrolled Households
		Tabogon	/		
		Borbon	/		
		Catmon	/		
		Barili		/	498
		Aloguinsan			
		Dumanjug		/	2087
		Danao	/	/	1056
		Carmen		/	249
		Compostela	/	/	319
		Liloan	/	/	200
	Negros Oriental	Bayawan	/		
		Basay	/		
		Sta. Catalina	/		
		Siaton			
		Zamboanguita		/	1,516
		Mabinay			
		Manjuyod			
		Bais		/	737
		Tanjay	/		
		Pamplona			
		Valencia			
		Dauin		/	989
		Amlan	/	/	1,975
		San Jose			
		Dumaguete City		/	116
		Bacong			
		Sibulan		/	612
		Bindoy		/	3,672
		Ayungon	/	/	1,753
		Tayasan	/		
	Siquijor	Lazi		/	920
		Maria		/	608
		San Juan			
		En Villanueva		/	244
		Larena	/	/	539
		Siquijor		/	920
	Bohol	Mariboloc		/	297

Region	Province	LGU	SS Certified Facilities	Enrollment in the Indigent Program of PhilHealth (as of Sept 30, 2003)	
				w/ MOA	# of Enrolled Households
		Antiquera	/	/	245
		Cortes		/	230
		Sikatuna		/	765
		San Isidro		/	90
		Catigbian		/	291
		Balilihan		/	1,219
		Corella	/	/	112
		Candijay	/	/	483
		Calape		/	848
		Dagohoy	/	/	383
		Getafe		/	161
		Bilar	/	/	977
		Garcia Hernandez		/	
		Inabangan			
		Sevilla		/	379
8	Leyte	Ormoc City	/	/	2,000
		Albuera	/		
		Baybay	/	/	1
		Tanauan		/	710
		Matag-ob		/	100
		San Isidro		/	350
		Alang-alang		/	531
		Sta. Fe		/	200
		Pastrana			
		Dagami		/	739
		Dulag		/	508
	East Samar	Balangiga	/	/	600
		Giporlos	/	/	254
		Lawaan	/	/	455
		Hernani		/	363
		Quinapondan	/	/	248
		Mercedes		/	317
	North Samar	Catarman	/	/	1,373
		San Jose	/		
		Mondragon		/	827
		Allen	/	/	133
		San Isidro	/	/	500

Region	Province	LGU	SS Certified Facilities	Enrollment in the Indigent Program of PhilHealth (as of Sept 30, 2003)	
				w/ MOA	# of Enrolled Households
		San Antonio	/	/	151
		Bobon	/		
	South Leyte	Maasin	/	/	1,223
		Padre Burgos	/	/	291
		Pintuyan	/	/	166
		San Francisco	/	/	86
		San Ricardo	/	/	170
		Malitbog	/	/	452
		Macrohon	/	/	953
		Motiong	/	/	437
	Western Samar	Marabut		/	100
		Basey		/	1,000
		Gandara			
		Pinabacdao			
	Biliran	Naval	/	/	2,156
		Culaba		/	638
9	Zambo del Norte	Dipolog City		/	940
		Sindangan	/	/	660
		Siayan	/	/	243
		Polanco	/	/	389
		Leon Postigo	/	/	120
	Independent City	Zamboanga City	/	/	2,706
	Zambo del Sur	Pagadian City	/	/	479
		Aurora	/	/	
		Vincenzo Sagun	/		524
		Dumingag	/	/	2,481
		Dumalinao	/	/	555
		Ramon Magsaysay	/	/	1,563
		Dinas		/	1,537
	Zambo Sibugay	Ipil	/	/	327
		Malangas	/	/	1,084
		RT Lim	/	/	496
	Basilan	Isabela City	/	/	7,565
10	Bukidnon	Valencia City	/	/	26,302
		Malaybalay	/	/	26,250
		Manolo Fortich	/	/	9,880

Region	Province	LGU	SS Certified Facilities	Enrollment in the Indigent Program of PhilHealth (as of Sept 30, 2003)	
				w/ MOA	# of Enrolled Households
	Misamis Occ.	Ozamis City		/	1,641
		Oroquieta City	/	/	1,000
	Misamis Oriental	Gingoog City	/	/	989
	Lanao del Norte	Magsaysay		/	
		Baroy	/	/	1,000
		Lala	/	/	
		Linamon	/	/	1,389
	Independent City	Iligan City	/	/	9,944
CARAGA	Surigao del Norte	Surigao City	/	/	2,064
		Claver	/	/	730
	Surigao del Sur	Bislig	/	/	3,645
		Cantilan	/	/	1,198
		Hinatuan	/	/	184
	Agusan del Norte	Butuan City	/	/	5,100
		Buenavista	/	/	623
		Magallanes	/	/	375
	Agusan del Sur	San Francisco	/	/	937
		Prosperidad	/	/	1,050
		Bayugan	/	/	1,050
11	Davao Sur	Digos	/	/	634
		Malita	/	/	94
		Hagonoy			
		Padapa		/	44
		Sulop	/	/	2,612
		Sta. Cruz	/	/	1,366
		Matanao		/	3,976
		Sta. Maria		/	291
		Magsaysay		/	794
		Malalag	/	/	466
		Bansalan	/		
	Davao Norte	Tagum	/	/	5,361
		Island Garden of Samal		/	6,524
		Talaingod		/	2,562
		New Corella	/	/	1,963
		Panabo	/	/	4,807
		Asuncion	/	/	4,607
		B.E. Dujali		/	4,054

Region	Province	LGU	SS Certified Facilities	Enrollment in the Indigent Program of PhilHealth (as of Sept 30, 2003)	
				w/ MOA	# of Enrolled Households
		Sto. Tomas	/	/	2,657
		Carmen	/	/	2,935
		Kapalong	/	/	4,261
	Sarangani	Alabel		/	473
		Maitum	/	/	50
		Malapatan		/	50
		Glan			
		Kiamba	/	/	50
		Maasim	/	/	50
		Malungon		/	473
	Compostela Valley	Laak	/		
		Mabini	/	/	2,557
		Maco	/		
		Maragusan	/	/	227
		Mawab	/	/	4,075
		Monkayo	/	/	1,692
		Montevista	/	/	1,435
		Nabunturan	/	/	1,161
		New Bataan	/	/	332
		Pantukan	/		
		Compostela	/	/	280
	South Cotabato	Koronadal	/	/	811
		Tampakan	/	/	1,744
		Norala	/	/	3,901
		Lake Sebu		/	787
		Tupi	/	/	892
		Polomolok	/	/	168
		Banga	/	/	1,223
		Sto. Nino	/	/	2,438
		Surallah	/	/	442
		Tantangan	/	/	864
		T-boli	/	/	840
	Davao Oriental	Mati	/	/	14
		Lupon		/	115
		Banaybanay	/	/	411
		Gov. Generoso		/	107
		San Isidro	/	/	123
		Baganga	/	/	13

Region	Province	LGU	SS Certified Facilities	Enrollment in the Indigent Program of PhilHealth (as of Sept 30, 2003)	
				w/ MOA	# of Enrolled Households
		Manay		/	53
		Boston	/	/	52
		Caraga	/	/	22
		Cateel	/	/	41
		Tarragona		/	41
	Independent City	Davao City	/	/	634
	Independent City	Gen. Santos City	/	/	5,532
12	Lanao del Norte	Magsaysay			
		Baroy	/	/	1,000
		Lala	/		
		Linamon	/	/	1,389
	Independent City	Iligan City		/	9,944
	North Cotabato	Kidapawan	/	/	1,800
		Mlang	/	/	1,010
		Midsayap		/	
		Kabacan		/	1,178
		Makilala	/	/	3,632
		Aleoson		/	493
		Alamada		/	
		Carmen			
		President Roxas	/	/	729
		Pigcawayan		/	
		Mapalam		/	158
		Magpet		/	701
		Antipas		/	368
		Libungan		/	675
		Tulunang		/	
	Sultan Kudarat	Lebak		/	500
		Esperanza	/	/	652
		Isulan	/	/	1,010
		Lambayong		/	2,024
		Tacurong City		/	4,200
		Lutayan		/	1,500
		Bagumbayan		/	101
		Sen. Ninoy Aquino		/	673
		Palimbang			

Region	Province	LGU	SS Certified Facilities	Enrollment in the Indigent Program of PhilHealth (as of Sept 30, 2003)	
				w/ MOA	# of Enrolled Households
		President Quirino		/	213
		Cumbio		/	337
		Kalamansig		/	287
	Cotabato province	Tulun			
		Libungan			
	Independent City	Cotabato City		/	2,571
ARMM	Lanao del Sur	Malabang	/	/	566
		Poonabayabao		/	59
		Balabagan		/	19
		Kapatagan		/	
		Kalanogas		/	4,361
		Wao		/	172
		Kapai		/	264
		Bumbaran		/	174
	Maguindanao	North Upi	/		
		Parang	/	/	50
		Datu Paglas			
		Ampatuan	/		
		Sultan Kudarat	/	/	60
		Shariff Aguak			
		Mamasapano			
	Sulu	Jolo			
		Lugus			
		Pangutaran			
		Talipao			
	Tawi tawi	Panglima Sugala	/		
		Simunul		/	418
		Bongao		/	1,364
		Languyan		/	322
		Turtle Islands			
		Sapa-Sapa		/	156
16 Regions	71 Provinces and 5 Independent Cities	470 LGUs			514,646

Appendix B. Summary Table of No-Scalpel Vasectomy Services in MGP Areas, as of September 30, 2003

Region	No. of Provinces with LGUs currently providing NSV services	No. of LGUs INTERESTED to provide NSV services	No. of LGUs CURRENTLY generating NSV clients	Number of Doctors providing NSV services	Number of NSV sets available	Number of vasectomized clients										
						Year 2002	Year 2003									
							Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Total
I	2	14	9	6	0	26	14	11	0	14	2	0	0	0	1	68
II	2	3	3	7	0	0	21	1	0	0	0	0	0	0	0	22
III	3	16	6	0	2	0	0	0	0	4	5	20	0	0	0	29
IV	3	14	7	0	5	0	0	15	24	9	2	7	9	3	2	71
V	4	24	15	6	4	44	27	57	13	31	37	24	14	41	26	311
VI	1	14	10	9	26	191	37	50	80	75	111	11	141	140	35	871
VII	2	11	11	4	2	51	3	19	0	23	0	0	16	13	38	163
VIII	5	26	19	16	12	19	11	25	45	25	25	20	17	53	0	240
IX	1	4	1	1	0	0	0	8	0	2	0	0	0	0	0	10
X	1	4	3	2	3	34	29	11	22	21	1	11	48	12	9	198
XI	4	37	32	34	29	39	36	203	210	48	82	96	55	26	0	795
XII	5	27	23	8	13	14	24	2	299	41	105	35	168	0	0	688
ARMM	2	3	2	2	0	0	0	2	0	0	5	3	0	0	0	10
CAR	2	11	5	1	1	0	0	0	7	5	6	0	6	0	0	24
CARAGA	3	8	5	3	9	0	0	12	14	4	14	0	24	38	0	106
NCR		12	5	0	0	11	3	6	5	8	2	4	1	0	0	40
TOTAL	40	228	156	99	106	429	205	422	719	310	397	231	499	326	111	3646

Appendix C. Urban Poor FP Initiative Results (Oplan Tali) as of September 30, 2003

UPFPP LGUs	Catchment Urban Poor Area	Population	Number of BHWs trained on CBTFP	Voluntary Sterilization Site	DOH Hospital performing VS	Actual number of clients ligated	Actual number of clients vasectomized
CALOOCAN CITY	Brgy. 177	42,957	74	Camarin lying-in clinic	East Avenue MC	122	8
	Brgy. 178	59,455	100				
MAKATI CITY	Cembo	27,231	46	Pasig City Gen. Hosp.	Rizal Medical Center	20	0
MANILA CITY	Baseco	20,214	34	WHCF clinic	JRRMC	2	1
	Happy Land	12,295	21		Tondo Gen Hos	2	0
PASAY CITY	Brgy. 137	2,960	4	Pasay City General Hospital	JRRMMC	8	0
	Brgy. 138	909	2				
	Brgy. 143	3,111	4				
	Brgy. 145	1,750	3				
QUEZON CITY	Payatas A	58,429	56	Payatas B Health Center	QMMC	319	22
	Payatas B	58,429	117				
SAN JUAN	Batis	9,518	10	San Juan Population Office FP clinic	Rizal Medical Center	22	0
	San Perfecto	3,760	13				
TAGUIG	Western Bicutan	88,403	147	Taguig-Pateros District Hospital	Jose Fabella MH	297	17
Malabon	Damata, Brgy Tonsuya	10,163	15	Pagamutang	—	25	7

UPFPP LGUs	Catchment Urban Poor Area	Population	Number of BHWs trained on CBTFP	Voluntary Sterilization Site	DOH Hospital performing VS	Actual number of clients ligated	Actual number of clients vasectomized
	East Riverside, Brgy Potrero	6,243	14	Bayan ng Malabon			
	Sitio 6, Brgy Catmon	9,559	16				
	Marikina	8,000	15	Sto. Niño HC	ARMC	174	8
	Bonanza Ph I-IV	6,000	10				
	Tumana (HC side) Concepcion I	10,000	15				
Muntinlupa	Joaquin Cmpd/Kelly Cmpd/Prk 4/Prk 4 Ext/Bautista Cmpd/ Purok 6B/ Runggut/ Purok 7A, 7B,7C/Batibot/ Morning Breeze/Davao Cmpd/San Roque. BRGY ALABANG	30,000	50	Muntinlupa lying-in		0	3
Navotas			40	Pagamutang Bayan ng Malabon	—		
Pasig	Guhit Acacia, Brgy Pinagbuhatan	12,850	26	Pasig City General Hospital	RMC	100	3
	B Santos, Brgy Pinagbuhatan	8,581	18				
	Ilugin Matanza, Brgy Pinagbuhatan	3,000	8				
	Nagpuyong, Brgy Pinagbuhatan	15,500	30				
Pateros			0	Taguig-Pateros District Hospital	Jose Fabella MH	49	1
Valenzuela			40	Valenzuela District Hospital		115	1
TOTAL		509,317	928			1,255	71